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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

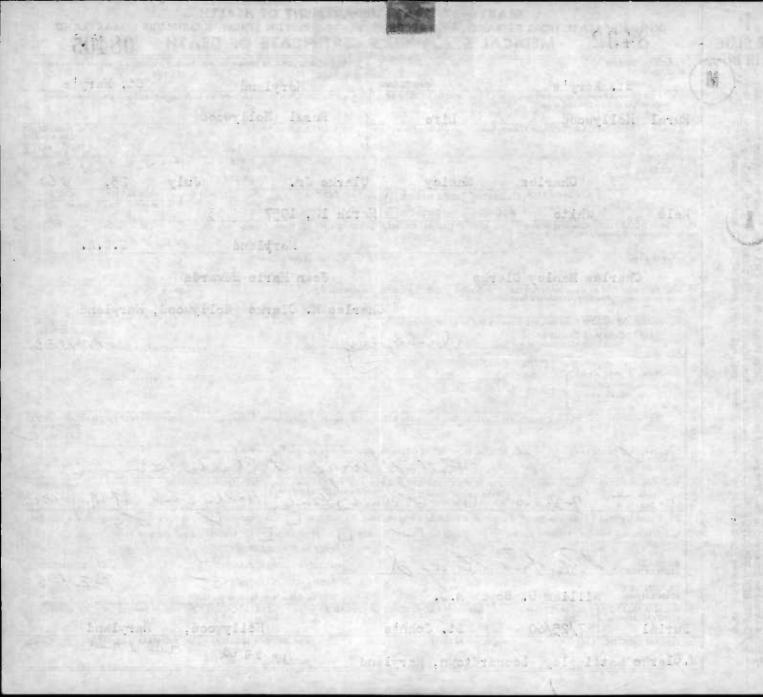
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1. PLACE OF DEATH o. COUNTY	t. Marv's	MARYLAND	o. STATE	NCE (Where decease aryland	b. COUNTY		Mary	
RURAL ond give n	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c CITY OR TO	WN (If outside corpo	Oraville	URAL ond	give neare:	st town)
d. NAME OF HOSPI OR INSTITUTION	rdtown TAL (If not in haspital, give street St. Mary's H		d. STREET ADD		OTAVILLE			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Dawn	Middle Brigette	Buckler	4. DATE OF DEATH	July	nth	Day	Yeor 1960
5. SEX Female	6. COLOR OR RACE 7. MAR White WIDOW		B. DATE OF BIRTH Jan. 27	1960	9. AGE (In years lost birthdoy) — yrs.	Months 5		UNDER 24 HRS
10a. USUAL OCCUPATION during most af war	ON (Give kind of work dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU		CE (State or fareign o	rland		S.A.	HAT COUNTRY
	oward Allen Buch			oris Jean				
15. WAS DECEASED EVE (Yes. no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Hospital I	Records	Add	lress .		
Conditions, if a gove rise to couse (a), stating lying cause lost.	immediate DUE TO	enjestive nducard	it not related to 1	noela.	feris SE CONDITION GIT	VEN IN PAR		WAS AUTOPSY PERFORMED2
САТІС		SCRIBE HOW INJURY OCCURR						YES NO
20c. TIME OF INJU Haur o. m. p. m.	While		PLACE OF INJURY (He octory, street, office i		ty or town)	((Caunty)	(State
saw the deced	n Ch Se	ded the deceased fram	M.D. ATTENDING PHYS. 22d. ADDRES	MED. DIRECTOR	STAFF PHYS.	nd an th		t (I) (we) lastated above 22b.DATE SIGNE
NAME (Type) 23a. BURIAL, CREMATI	Den Berbue	23c. NAME OF CEMETERY		Mechanic SHATATOKA 23d. LOC	syille Marylan ATION (City, town,			(Stote)
REMOVAL (Specify Burial 24. FUNERAL DIRECTOR W. Clarke		St. Jose	17.117.0	25a. REC'D BY REGI	00	ISTRAR'S SI	IGNATURE	ryland
207	8254X18			Times.				

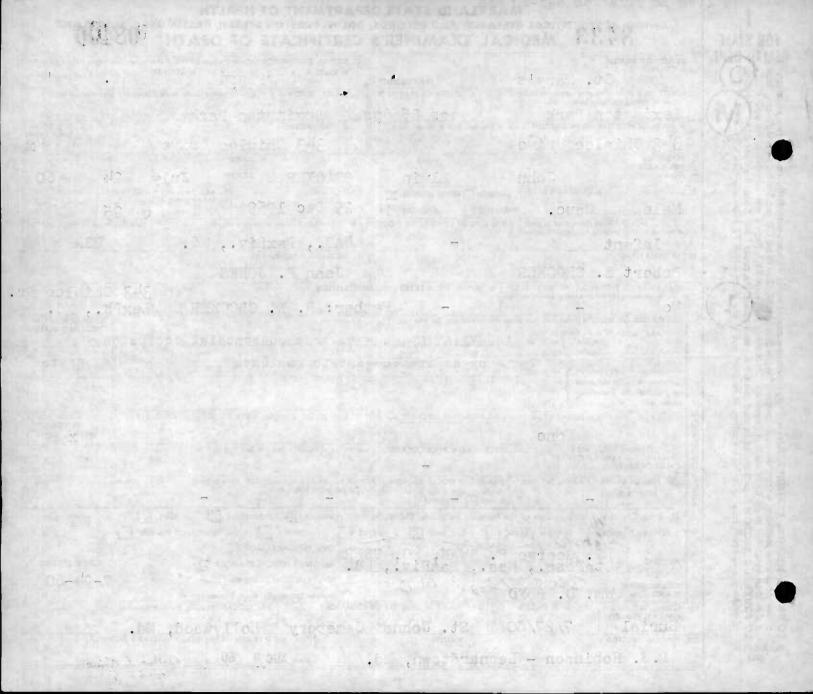
1548 1962 - Francisco de Latingol Paris . 12 Senior Committee ture I many office the contract of the contrac al a Villagi Lance budgett, and budget platfing our form

Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY 3 to the tuneral director. Page be retained for your files. Health, a. STATE b. COUNTY St. Mary's St. Mary s
b. CITY OR TOWN (if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) 40 write RURAL and give nearest town) Rural Hollywood Life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rural Hollywood Board d. STREET ADDRESS . IS RESIDENCE ON A FARM? State E YES NO X NAME OF Middla 4. DATE Month Day Year DECEASED OF the (Type or print) DEATH Charles July 19 60 Manley Clarke Jr. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X S. SEX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR 5 may last birthday) March 12, 1957 Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired U.S.A. in pencil In Item 18. Give Pages Markland pages Office along with form PM3. burial-transit permit. File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Manley Clarke Jean Marie Edwards MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give war or dates of sarvice Charles M. Clarke Hollywood, Maryland 1B. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN . ONSET AND DEATH PART I. DEATH WAS CAUSED BY removal, and IMMEDIATE CAUSE (a) IMMED DUE TO Conditions, if any, which (b) please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CTO FUNERAL DIRECTOR: Page 3 should be used as a bank of the control of t gove rise to immediata cause DUE TO (a), stating the underlying se pesn ed bluods cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO P 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING burial, CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year (State) jaclory, street, office bldg., etc.) at work - at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 Inquiry agent, Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE REMOVAL (Specify) Burial St. John's Hollywood. Maryland 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEJUL 2 6 '60 VS. A15ME W. Clarke Mattingley Leonardtown, Maryland 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



1.		TIFICATE OF DEATH U84UU
		UAL RESIDENCE (Where deceased livad, It institution: Residence before adm
	St. Mary's Maryland 8.57	Maryland b. COUNTY St. Mary
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)	Lexington Park 6 mos 25 dys X	Lexington Park • IS RESID
	343 Chinlee Drive	343 Chinlee Drive
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
		OCKER DEATH July 24 1960
5.	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF	OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24
	Male Cauc. WIDOWED DIVORCED 29	Dec 1959 lest birthday) Months Days Hours M
	Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIR	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU
do	one during most of working life, aven if retirad) Infant NAS	S., PaxRiv., Md. USA
13	B. FATHER'S NAME 14. MOT	OTHER'S MAIDEN NAME
	Robert E. CROCKER Je	ean F. JONES
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA	
(Y:	(as, no, or unkown) (Ifyes give war or dates of service)	242 Curutee
/ -	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	: R. E. CROCKER Lexpk. Md.
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEA
	9333	tracheobronchial occlusion
	by aspirated gastr	ric contents Immediate
	Conditions, if any, which gave rise to Immediata causa	
	(a), stating the underlying DUE TO	
	causa last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT
3	None	YES X NO
FE	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura PRIMARY ☐ or CONTRIBUTING ☐	a of injury In Part I or Part II of itam 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY OCCURRE	JURY (Home, farm, 20f. (City or town) (County) (Sta , office bldg., etc.)
A	p.m. 19 at work at work	Fred St. Fred
	21. I certify that I took charge of the remains described above, held an Au	utopsy X, Inspection X, Inquiry , and in my opin
	death resulted from: Natural Sase , Accident X, Suicide ,	Homicide , Undetermined manner
	LT. George R. SWAN, MC. USNR	CHIEF MEDICAL EXAMINER
		ASSISTANT MEDICAL EXAMINER TO DATE SIGN
		DEPUTY MEDICAL EXAMINER 7-24-60
-	EXAMINER'S NAME (Type) Wm. D. BOYD 3 P. M. D. BOYD	Address (Street, city, town, or county)
221	a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATO	
	REMOVAL (Specify)	
		etery Hollywood Md
23		etery Hollywood, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived. If institutio	n: Residence befare admission)
	St. Mary's	MARYLAND	Maryl	and b. COUNTY	St. Mary's
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	V	outside corporate limits, write RL	JRAL and give nearest tawn)
Leonardi		D. O. A.	Rural	Avenue	e. IS RESIDENCE
OR INSTITUTION	TAL (If not in haspital, give street St. Mary S Ho		d. STREET ADDRESS		ON A FARM? YES NO
3. NAME OF	First	Middle	Last	4. DATE Mont	
(Type or print)	Katharine		Duvall	DEATH July	24, 19 60
5. SEX	6. COLOR OR RACE 7. MAR	RRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female	White WIDOW	-	March 17,190	00 60 yrs.	
10a. USUAL OCCUPATI	ON (Give kind of wark dane 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
House		Home		Maryland	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Mic	hael F. Russell	1	Marce:	lla Tyson	
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	ess
No	(ii yes, give war or outes or service)	none E	dwin B. Russe	all Avenue, Ma	ryland
18. CAUSE OF DE	ATH [Enter only one cause per]	line far (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY:	Apour	y wo	n torus	36 m
1438	DUE TO	. (100		
Conditions, if	ony, which	Jenera li	LON AT	Wickselmon	1 born
gave rise to	immediate (1	0		
lying couse last.	The <u>under-</u>				
	, (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2					YES NO
PART II. OT	AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
			ACE OF INJURY (Home, fare		(County) (State)
20c. TIME OF INJU Haur a. m.	While	£-	octory, street, office bldg., et	c.)	,,
	at (1) (this haspital) atten		19) ta	19, that (1) (we) last
saw the deced	-1 -	11-12-14	(7 L)	1	d on the date stated above.
22o. SIGNATURE	010		dedili discorred di ziri	The courses divi	22b. DATE
	WDDg hus	t	M.D. PHYS.	AED. STAFF PHYS.	7-25-6 SIGNED
22c. PHYSICIAN'S NAME (Type)	William H. Pat:	rick M. D.	22d. ADDRESS	ton Park, Mary	land
23a. BURIAL, CREMATIO		23c. NAME OF CEMETERY C		23d. LOCATION (City, town, o	
REMOVAL (Specify	7/27/60	Gate of Hear		Silver Spring	24.2
24 TUNERAL DIRECTOR		ADDRESS			TRAR'S SIGNATURE
Warner E.P.	imphrey Inc. S	ilver Spring. N	Ad DATE	JUL 28'60 C	Irling S. Hours
Large Total	umbitte's Tite o D'	TTAGT PHITTIES .	IU.		

g after death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, crematian, ar remaval, and in any event. Within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

TO HOSP VR A15 (4) 15M 9/59

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TO HOSP/A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Page 4 may be ned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld be the State Baard at Health priar to burial, crematian, or remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	St. Mary's		MAR	YLAND	2. USUAL RES o. STATE	Maryl		COUNTY	on: Residence		nission)
b. CITY OR TOWN (RURAL ond give n Leonardt		ts, write	c. LENGTH OF STAY		1.		Comp to:	mits, write R		e nearest to	743
d. NAME OF HOSPI OR INSTITUTION	St. Mary				d. STREET	ADDRESS				10	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	Walter	st	Middle Benjamin		Ellis	ıst	4. DATE OF DEATH	July	27	Day	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED K NEVER MARRI	IED 🔲	B. DATE OF BIRT	тн	9. AC	E (In years t birthdoy)	IF UNDER 1		T
Male	White	WIDOW	ED DIVORCE	ED 🗆	May 1,	1911	49		Months D	oys Hou	rs Min.
0a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHP		or foreign country			NOF WHA	T COUNTRY?
3. FATHER'S NAME	Benjamin El	lis			14. MOTHER	S MAIDEN 1	Annie	Kno	tt		
(Yes, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17. IN	FORMANT			Add	ress		
(res, no. or unknown)	(it yes, give wor or odies or i	ervice)		Max	y Agnes	Ellis	s Con	pton.	Maryl	and	
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c)							INTERVAL	BETWEEN
	ATH WAS CAUSED BY:		16.00	1	Co	- 8:2	Nosce	Run de	ma. 1	ONSET A	ND DEATH
Conditions, if a gave rise to couse (o), stating	DUE TO)									J
PART II. OT PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	HER SIGNIFICANT CON	1	CONTRIBUTING TO DE	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE CON	IDITION GIV	VEN IN PART	PER	AS AUTOPSY REFORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	OCCURRE). (Enter noture	of injury in	Port I or Part II of	item 18.)			
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED Not while at work		ACE OF INJURY story, street, office		n, 20f. (City or to	wn)	(Co	unty)	(State)
saw the decea	at (I) (this haspita		ded the deceased		eath accurre	4	M, from the	112	1, 19 C nd an the		
220. SIGNATURE	nis	37			M.D. ATTENDIN	D	IED. ST.	AFF IYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	William	D. B	oyd M. D.		Lec		own, Marj	land			
23g. BURIAL, CREMATIO		OF ·	23c. NAME OF CEA	AETERY O	R CREMATORY		23d. LOCATION	(City, tawn,	or county)	(5	State)
Burial (Specify	7/23/60		Sacred	Hear	rt		Bushwood	od,	Maryla	nd	
24. FUNERAL DIRECTOR	e's signature Mattingley	Leo	ADDRESS	Mary	land	25a. REC	D BY REGISTRAR		STRAR'S SIGN		

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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08409 CERTIFICATE OF DEATH 8434 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland St. Marys b. COUNTY St. Marys MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Mechanicsville Mechanicsville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS Rural Rural YES NO 3. NAME OF First Middle lost 4. DATE DECEASED (Type or print) DEATH Fowler 28 19 60 Love July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS female white Months DIVORCED [WIDOWED [76 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Domestic Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Philip Ada Holmes IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dates of service) John A. Fowler - Mechanicsville, Md. no CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH Hypertensive cardidras cular dis PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Canditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? a mellixe YES NO DO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc. Hour o. m. Not white of work of work p. m

1960 that I last saw the deceased 21. I certify that Lattended the deceased from alive on and that death accurred at from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 7/29/60 Mechanicsville. Md.

ACTUAL

(State)

Mechanicsville, Md. PHYSICIAN .Roy Guyther NAME (Type

Cedar Hill

22b. DATE THEREOF 220. BURIAL CREMATION. REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Cemeterv Suitland. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

P.B. Robinson, Leonardtown, Md.

Orthur S. Haus

TO FUNER VS A15 (4) 15M 10/57

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HE WALL TO SEE	And Some By that is		
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	AND THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE RESE		Company and Company (Co.)
		THE REAL PROPERTY.	The second secon
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY lould be executed within 24 hours after death. If any day is necessary, "in pencil in them 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Nealth, movel and in any event within 72 hours after death. a. STATE b. COUNTY St. Mary MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Washington, D. C. Rural Hollywood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rural d. STREET ADDRESS 3408 25th Street NAME OF First Middle DATE Month DECEASED OF (Type or print) DEATH Henry Gary July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 5. SEX 8. DATE OF BIRTH last birthdey) Months WIDOWED DIVORCED Male Colored June 10.1925 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Civil Service Clerk Edgefield, S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edgar Gary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) MM 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) removal, DUE TO **EXAMINER:** This certificate should Conditions, if eny, which (b) "pending" gave rise to immediate cause Medical Examiner's DUE TO (a), stating the underlying 98 OF cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION sease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be 20a. EXTERNAL AUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 0 Not While factory, street, office bidg., etc.) While 2410 CC et work at work Haul 235 prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry MEDICAL Accident 1 Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) William D. Boyd M.D. Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g **EUNERAL DIRECTOR** ADDRESS 24a. REC'D BY REGISTRAR | 2%. REGISTRAR'S SIGNATURE VS. A15ME DATE JUL 2 9 '60 5M 7/59

S

Seminary Road

IS RESIDENCE ON A FARM? YES NO X

Year

19 60

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO -

(State)

and in my opinion

DATE SIGNED

(State)

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(County)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08411

S	t. Mary's	MARYLAND	2. USUAL RESIDENCE (W o. STATE	b. COUNTY	ian: Residence befare admission)
	(If autside carporate limits, w	c. LENGTH OF STAY IN 1b			RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give		d. STREET ADDRESS	MOLLYHOOG .	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Joseph	Middle Ignatius	Lost Habig	4. DATE Mo OF DEATH July	
s. sex		MARRIED NEVER MARRIED DOWED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday) 78 yrs	Months Days Hours Min.
10a. USUAL OCCUPATE during most of wo Plumbing	rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
J	oseph Damien	Habig	Mary Ste	gmaier	
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES (It yes, give war or dates of service	e)	ery Viola Hab	Adig Hollywood,	Maryland Maryland
Conditions, if gave rise to cause (a), stating lying cause last	the under-	Orterios	clorons		10 year
PART II. OT PART III. OT PART I	al posen	ons contributing to DEATH BUT	leve et.	LINAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
20a. ACCIDENT W	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II af item 18.)	
	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year	20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in ACE OF INJURY (Home, for, ctary, street, office bldg., et	n, 20f. (City ar tawn)	(County) (Stat
20c. TIME OF INJUMENT OF INJ	CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Year 19 Ot (I) (this hospital)	20d. INJURY OCCURRED 20e. PL While Not while foot work of work thended the deceased fram	ACE OF INJURY (Home, forctory, street, office bldg., et	m, 20f. (City ar town)	19 60, that (I) (we) lo
20c. TIME OF INJUMENT OF INJ	CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Year 19 Ot (I) (this hospital)	20d. INJURY OCCURRED While Not while of work of work thended the deceased fram	ACE OF INJURY (Home, for ctary, street, office bldg., et	m, 20f. (City ar town)	19 0, that (I) (we) lo
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20c. TIME OF INJUMENT OF INJ	CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Month, Doy, Year 19 ot (I) (this hospital assed olive on	20d. INJURY OCCURRED While Not while of work of work thended the deceased fram	ACE OF INJURY (Home, forctory, street, office bldg., et al., p. 15) Leoth occurred ot 2.6 M.D. ATTENDING PHYS. 22d. ADDRESS Lexingt	M, from the couses o	19 60, that (I) (we) lo nd on the date stoted obove 7 22b PATE 7 3 60

Poge 4 s after death. OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 and by the hospital or attending physicion.

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	plete	page 3 shauld be detached for use as the burial-transit permit. Then please removed across papers. Pa	
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	8437	CERTIFICA	ATE OF DEATH		08412 Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	St. Marys	MARYLAND	2. USUAL RESIDENCE (Whee	- h COUNTY	on: Residence before admission) St. Marys
RURAL and give n	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 1b		side corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street	et oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Rural		Rural		YES NO.
3. NAME OF DECEASED (Type or print)	Daniel	Ernest	Lee	4. DATE Mon OF DEATH July	Day Year
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdoy) 80 yrs.	Months Days Hours Min.
male	COTOLCA	WED DIVORCED	Aug. 18,18'		
during most of wor	king life, even if retired)	Sea Food	Maryland	ā E	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	Daniel Lee	6. SOCIAL SECURITY NO. 117.	Zora T	Add	
(Yes, no or unknown)	(If yes, give wor or dates of service)				
no			J.Jerome Lee	- Dexing co	
	ATH [Enter only one couse per ATH WAS CAUSED BY:	line for (o), (b), and (c).]	The modernia		ONSET AND DEATH
Conditions, if a gove rise to i couse (a), stating lying couse last.	mmediate (Chrome ?	mo cadil	<i>'</i>	1300
PART II. OTI		S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING TO 206. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Pa	ort I or Port II of item 18.}	
20c. TIME OF INJUS Hour o. m. p. m.	Whi	L.	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify the alive an	nat I attended the decended 11, 19	ased from Surg		-/	Cthat I last saw the decease and an the date stated above state) DATE SIGNE W. 7-12-6
PHYSICIAN'S NAME (Type)	Wm. H. Patr	ick, MD	Lexi	ngton Park,	Md.
220. BURIAL, CREMATIC REMOVAL (Specify Burial	7/13/60	22c. NAME OF CEMETERY C		22d. LOCATION (City, town, Ridge,	
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24a. REC'D	4 - 400	STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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27		CERTIFIC

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8	42"	7	CERTIFICATE (

08418

0.	I for I	GENERAL TOP			
1. PLACE OF DEATH			2. USUAL RESIDENCE (W		ion: Residence before admission)
	t. Mary's	MARYLAND	Maryl	and b. COUNTY	St. Mary's
b. CITY OR TOWN	N (If outside corporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write F	RURAL and give nearest town)
Leonard		D.O.A.	Loveyil	le	
	PITAL (If not in haspital, give	street address)	d. STREET ADDRESS		e. IS RESIDENC
	St. Mary's	Hospital			YES NO
NAME OF DECEASED	First	Middle	Lost	4. DATE Mor	nth Day Year
(Type or print)		Paul B	Long	DEATH July	8, 1960
. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Manths Doys Hours Mi
Male	White W	DOWED DIVORCED	Oct. 26, 188		Mannis Doys Hours Mi
Oa. USUAL OCCUPA	ATION (Give kind of work dang vorking life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	e or foreign country)	12. CITIZEN OF WHAT COUNT
	hant	Furniture	Ma	ryland	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Bernard Long	g	Molly !	Tippett	
S. WAS DECEASED	EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17.	INFORMANT		dress
Yes	6/26/18		rs Theodoras I	Long Lovevil	lle. Maryland
	DEATH Enter only one couse				INTERVAL BETWEE
gave rise to couse (o), stoti lying cause lo	ng the <u>under-</u> DUE TO	IONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTO
NO PART II.					YES NO
200. ACCIDENT	WAS UNDERLYING 20L NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Part II of item 18.)	
20c. TIME OF IN Hour o.	m. 10	While Nat while	PLACE OF INJURY (Home, for foctory, street, office bldg., e		(County) (St
	m, ''	ot work at work	in mas	128/146	0
		ittended the deceased fram		2 1.ta	, 19, that (I) (we)
		1ew 19 9 Pand that	death accurred at	M, fram the causes a	nd an the date stated abo
22a. SIGNATUR	bua	steerie	M.D. ATTENDING	MED. STAFF PHYS. PHYS.	22b. DAT SIG
22c. PHYSICIAN NAME (Typ	e)	barich M. D.	22d. ADDRESS	ouguetar. Mar	yland
230. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
Buriak (Spec	7/11/60	St. Joseph	1 s	Morganza,	Maryland
24. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
W Classes	Vottingley	Leonardtown Ma	nuland DATE	1 11 '60 an	Thur S. Kraus
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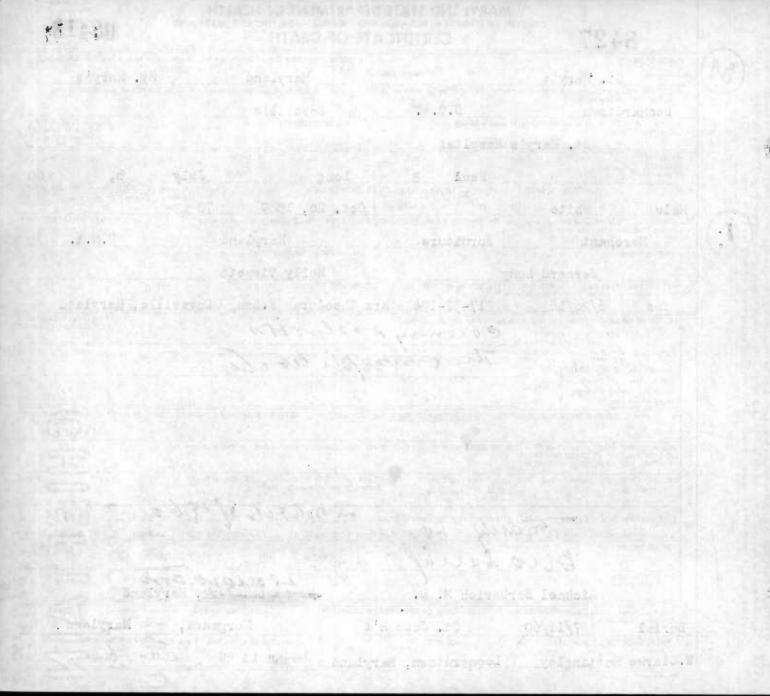
may be ned by the hospital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 shauld be detoched far use as the burial-transit permit. Then please remave carbon oppers. Pages 1 the State Board of Health prior ta burial, cremation, ar removal, and in any event, within 72 hours fiter death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VR A1S (4) 1SM 9/59

ofter death. Page 4

in by the funeral director, and 2 should be filed with



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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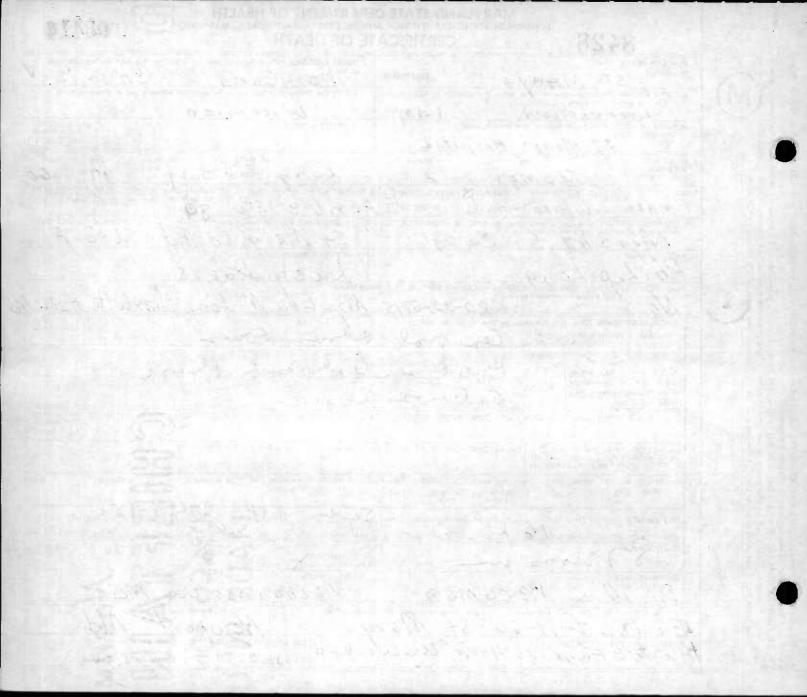
CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY ST. MARYS MARYLAND	o. STATE ary Cand b. COUNTY Chyrles
b. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LEONGEDTOWN I day	Wicomico
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION ST. Mar VS. Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
NAME OF	TA DATE
3. NAME OF DECEASED (Type or print) Thomas L.	Long DEATH July 17 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE White WIDOWED DIVORCED	April 3, 1880 (ost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired) So C. H.	11. BIRTHPLACE (State or foreign country) S. + May Co. Md. 22. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 1/2/0 2009	NONANT AND
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
1/0 220-32-5778	Mys. Eva M. Long Charlotte Hall-1
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) Children	V- Mille OLD
DUE TO 1	
Conditions, if any, which) (b) Hegentlessen	Cardwoonly Phierre
gave rise to immediate	
lying couse last.	le ame
, (6)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
[8]	YES NO
200, ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Part I or Port II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO CAUSE OF DEATH CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH B	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour a.m. While Not while fo	octory, street, office bldg., etc.)
p. m. 19 at work at work	
21. I certify that (I) (this haspital) attended the deceased fram.	Jent 1908, to 196, that (1) (we) last
	death accurred atM, from the causes and an the date stated above.
22g. SIONATURE	22b DATE
28 Mossin	M.D. ATTENDING MED. STAFF SIGNED PHYS. SIGNED
DAME (Type) L. MOSSMAD	Me shanics willow Mol
	411-514111924119
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEJERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Bicrial 7-19-60 St. 11/37	45 Hewport Ma
24 FUNERAL DIRECTOR'S SIGNATURE / / ADDRESS	C M / 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Hunt't Funeral Home, Wald	Ory, Mich DATE IIII 22'60 Cathing & King

TO HOSP/ OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any pent, within 72 haurs after death.

VR A15 (4) 15M 9/59



23c. NAME OF CEMETER

Arlington

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ATE OF	PEATH	1				1705	840	
2. USUA o. STA	L RESIDENCE (W			If institution			ore odmiss	
gc. CIT	Y OR TOWN (IF	outside corpo	rote lim	its, write RI	JRAL and	give ne	arest town	1)
X	Lexin	gton F	ark					
d. STI	REET ADDRESS						e. IS RES	IDENCE
1	Maryl	and				(8)	e. IS RES	FARM?
	Lost OULMAN	4. DATE OF DEATH		Man	uly	D.	ž	Year 60
8. DATE O	F BIRTH		9. AGE	(In years	IF UNDE	R 1 YEAR	IF UND	R 24 HRS.
	pril 196	O	last	birthdoy) yrs.	Months	Days	Hours	Min.
	IRTHPLACE (State		auntry)	,	12.CI	TIZENO	F WHAT C	OUNTRY?
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114 4401	THER'S MAIDEN	NIAME				UDA		
			en e en					
	Gay Jear	nette						
INFORMANT				48 Sa	laman	ia C	ourt	
ather:	Gary E.	, OULM	IN,	Lexin	gton	Par	k . Mo	
						INT	ERVAL BE	TWEEN
nonia.	Focal					QN.	SET AND	DEATH
	200012					-		nin
UT NOT RELA	TED TO THE TER/	MINAL DISEAS	SE CONE	DITION GIV	EN IN PA	ART 1(o)	19. WAS	AUTOPSY DRMED?
						100		NO
RED. (Enter no	oture af injury in	Part I or Pa	rt II af it	em 1B.)				
PLACE OF IN	JURY (Home, for , office bldg., e	rm, 20f. (City		n) •A•		(County)		(Stote)
6 Ju	lv 1	960 to_	12	July	10	60 11	00 (11)	we) lost
	curred 2: 10							
dearn acc	oned or		me co	uuses an	u un fr		22	DATE
M.D. ATTE	ENDING	MED.	STAI	FF S. 🗆		7	-12-	SIGNED
	ADDRESS							
S	taHosp.	, NAS.	, Pa	tuxen	t Ri	ver,	Md.	
OR CREMAT				ity, town,			(Sto	
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Robinson - Leonardtown, N

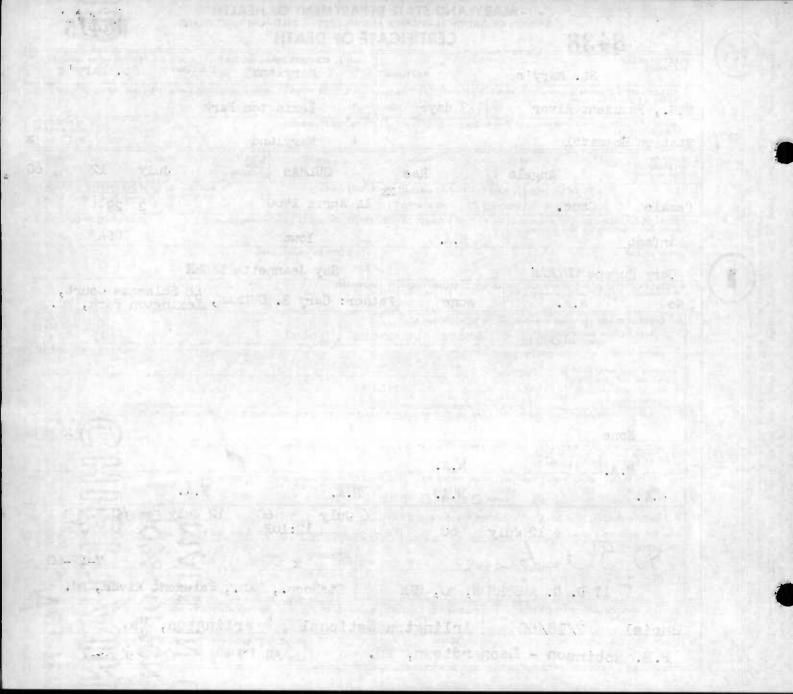
23b. DATE THEREOF

BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR'S SIGNATURE

Burial

VR A15 (4) 15M 9/59/ word



after death. Page 4

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24

may be TO HOSPI

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8429

CERTIFICATE OF DEATH

118416

	OTE	, ,	V					Reg. D	ist. No.		
PLACE OF DEATH O. COUNTY	St. Marys		MARYLA		o. STATE Nev	Where decease	h COUNTY	ion: Reside	once befor	re admiss	ion)
RURAL and give r	(If outside corporate limineorest town)	ts, write	c. LENGTH OF STAY IN		c. CITY OR TOWN (I	f outside carpo	prote limits, write 1	RURAL and	give nec	arest town	1)
	ITAL (If not in hospital, g	give street			d. STREET ADDRESS						FARM?
						rson S	16.			152	NO 🔀
3. NAME OF DECEASED (Type or print)	Harris		Brooks	P	ettet	4. DATE OF DEATH	July		Do		Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	□ B. D	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE Months		-	ER 24 HRS.
M	W	WIDOWI	-	- 0/	/26/1881		78 yrs.	Months	Days	Hours	Min.
during most of wor	rking life, even it retired)	KIND OF BUSINESS OR I	INDUSTRY		Jersey		12. C		SA	COUNTRY
13. FATHER'S NAME				1.	A. MOTHER'S MAIDEN		- 113 E		0.	922	
	Mark Pett	it			Ella H	lann					
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s	CES? 16. ervice)	4 07 2803	17. INFO	RMANT	/te- 99	0 5	e Rd	- Y	ERVAL BE	
Conditions, if a gave rise to couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Dony, which immediate I the under: (c))	Dorona	7 1	lmonte	sh'					ag.
CATI			CONTRIBUTING TO DEATH					VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury i	n Port I or Po	rt II of item 18.)				
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Ye	20d, It While of worl	Not while	le. PLACE factory	OF INJURY (Home, fa , street, office bldg., e	rm, 20f. (Cit	y or town)		(County)		(Stote)
21. I certify to alive an	hat I attended the	decease Live	1	eath occurrence M.D.	, 1962, to curred at 522		the causes of treet, city or town,	and on		te state	deceased abave
220. BURIAL, CREMATIC REMOVAL (Specify Burial	7/3/60	F	Mt. HOD		ematory emetery		TION (City, town,	or county)		(Stote	e)
23. FUNERAL DIRECTOR			ADDRESS		24a. RE	C'D BY REGIS		STRAR'S SI	IGNATUR	₹E	
P.B. R	obinson -	Leo	naratown,	Md.	DATE J	UL 7 '6	30 a	rthun &	. The	A.A.	

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	concern women	merce was apply	
			F- menginon

FOR STATE HEALTH DEPT

TO DELOT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an any is necessary, please execute the certificate, writing the word "pending" in pendin it fem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Pealth, or its designated agent, prior to burial, cremation, or removal, and in art event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 18417 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8439

• 1.	PLACE OF DEATH					nstitution: Rasidenca before admission)
	St. Mar	ovel o	MARYLAND	a. STATE	b, COUN	
	b. CITY OR TOWN (if	outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	d (If outside corporate limits, writa	RURAL and give nearest town)
	Comp to		2 hours	Loo	nardtown. Md.	
	d. NAME OF HOSPITA	AL OR INSTITUTION (if not in		d. STREET ADDRESS	s Maracown, Ma.	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE Month OF	Day Year
-		Joseph	Н.	Price	July July	19 19 60
3.	SEX	o. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In Years last birthday)	Months Deys Hours Min.
	Male a. USUAL OCCUPATIOns during most of work	Colored WIDO ON (Give kind of work king life, even if retired)	WED DIVORCED DIVORCED DIVORCED DIVORCED	November 1	1927 32 yrs.	12. CITIZEN OF WHAT COUNTRY?
D:	ish washer	in Restaurant		Clemen 14. MOTHER'S MAIDER	ts. Md.	U.S.A.
		?		Alice	Buchanan	
		R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addrass	
	Yes	W.W. 2		Mrs. Alice	Buchanan La	ous with a man Ma
1		EATH [Entar only one cause p	ar lina for (a), (b), and (c).]	WID. WITCO	Duchanan Le	onardtown Md.
	PART I. DEATH	WAS CAUSED BY:	D			ONSET AND DEATH
	000	0	Drowning			1mmed.
	171	DUE TO				
	Conditions, if any, gevarise to Immedia	1-/				
	(a), stating the un	DILL TO				
-10	causa last.) (c)				
C O	PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
13						YES TO NO THE
CERTIFICATION	208. EXTERNAL CAL	JSE WAS 206. DES	SCRIBE HOW INJURY OCCURED. (I	Enter nature of Injury in Pa	art I or Part II of Item 18.	ot swim
83	CAUSE OF DEATH.					
1 3	20c. TIME OF INJUR	Y Month, Dey, Yeer 20	swimming in hea	CE OF INJURY (Homa, fa	irm, ' 20f. (City or town)	(County) (State)
WEDICAL	O Hour 206.	W	hile Not While Gact	ory, street, office bldg., a	(c.)	
×	8.30 p.m.			ton Bay	Compton, St.	
	21. I certify the	if I took charge of the r	emains described above, he	an Autopsy,	Inspection X, Inquiry	and in my opinion
	death resulted fr	om: Natural causes	, Accident X, Suic			enner
	TO BE STATE OF	110	2 0	CHIEF MEDICAL	L EXAMINER	
	ACTUAL SIGNATURE	W/md)	1500 x	M.D. ASSISTANT ME	EDICAL EXAMINER	DATE SIGNED
	EXAMINER'S		10	DEPUTY MEDIC	AL EXAMINER V	7/20/160
4	NAME (Type) W	lliam.D. Boyd		Addrass (Streat	, city, town, or county)	1/20/ 00
	REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	or country) (State)
23	Burial . FUNERAL DIRECTOR	July 22,1960	Stadleysius	24a. RI	EC'D B PRESIDENT THE THEOR	Maryland STRAK'S SIGNATURE
	W.Clar	ke Mattingley,	Leonardtown,	Md. DAMIL	22'60 anch	of S. Kraus

TO A STATE OF TRAINING SERVICE SERVICE TRAINING TO SERVICE SER 100 211 markets and but and to to the markets and the same AND TO PURE A CONTROL OF THE PURE OF THE P best IC. mailing The state of the s all a transfer the termination of the contraction o

22b. DATE SIGNED

(Stote)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

after death. Page

o. COUNTY	. Marv¹s	MARYLAND	2. USUAL RESIDENCE (Whe	vland	d lived. If institution b. COUNTY	-	ore odmissi	on) /
b. CITY OR TOWN (If	outside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou		rote limits, write R)
RURAL ond give ne		7 days		¥ B	tural B	ryantown		
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			8X-2		DENCE FARM? NO DE
NAME OF	St. Mary's Ho	Middle	Last	4. DATE	Mon	th Do		/ear
(Type or print)			Quade	OF DEATH	July	16	-,	9 60
SEX	Eleanor 6. COLOR OR RACE 7. MARI	Susan	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	-	90
Female	White WIDOW		Jan. 13.1925		lost birthdoy) 35 yrs.	Months Doys	Hours	Min.
a. USUAL OCCUPATIO during most of worki	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole	or foreign c	ountry)	12. CITIZEN O	FWHATC	OUNTRY?
House wi		Home		М	laryland	U.S.	A.	
. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
Jo	seph Ashby Qua	de	Ne	llie	E. Farre	11		
. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.		INFORMANT		Add		- 13	
res, no, or unknown) (1	If yes, give war or dates of service)	Mr	s Nellie E. Qu	ade H	lughsvill	e. Maryl	and	
18. CAUSE OF DEA	TH [Enter only one couse per li				14		ERVAL BET	TWEEN
	TH WAS CAUSED BY:	-zuce c	of Con	vix		ON	SET AND	DEATH
171	DUE TO		0				2	
Conditions, if an	y, which) (b)					34.0		
gove rise to in	nmediote (Marke All Br			1,72 3 5	7.39	
couse (o), stoting t	(c)							
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	/EN IN PART 1(o)	19. WAS A PERFOI	AUTOPSY RMED?
	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Por	t II of item 18.)		107	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. I While of wor	Not while f	LACE OF INJURY (Home, form, octory, street, office bldg., etc.		y or town)	(County		(Stote)
21. I certify that	V(I) (this haspital) attended alive an	1/ / 3	death occurred at 3	7, ta_		62, 19 0 the		
30 THE GOCEAS	ca dire direct	The state of the s	dedili occorred di	/ 110111	ine cooses at	an me dun	Jidied	DATE

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION,

Leon Berbue M. D.

23b. DATE THEREOF

Mechanicsville, Maryland 23d. LOCATION (City, town, or county)

REMOVAL (Specify) St. Mary's 7/19/60 24, FUNERAL DIRECTOR'S SIGNATURE

Bryantown, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF PHYS.

W.Clarke Mattingley Leonardtown, Maryland

JUL 20'60

MED.

ATTENDING PHYS.

22d, ADDRESS

M.D.

23c. NAME OF CEMETERY OR CREMATORY

Calling & Frank

VR A1S (4) 15M 9/59

		AD FILLED	NEAS.	
nations IN	Anxievek			
	Louis Benefit Law			of the second
		and the state of	La VermiOurisi	
	LLA COMPANIE		1000044	
	Commission Section Commission			
e.u as				
	at a stated		in Limit Willer	
			einfrei ispell	

STATE EALTH DEPT execute certificate, writing the ward "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the fur director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or removal, and in any event within 2, hours offer death.

VS. AISME 5M 2/57

8440 MEDICAL EXAMINEDIS CENTIFICATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08419

						110		Reg. Dist	. No.	
PLACE OF DEATH	St. Mary's		MARYL		O. STATE VI TO	Where decea	sed lived. If instit b. COUN	TY	e before ac	Imission)
	(If outside corporate limits, wr	ite RURAL	c. LENGTH OF STAY II		c. CITY OR TOWN (I		porate limits, write			town)
and give nearest to	ark Hall		10 hmg						2	
		/If not in ho	12 hrs.		d STREET ADDRESS	con		X	la IS	RESIDENCE
o. NAME OF HOS	THAL OK HASHIOTION	(11 1101 111 110	spilot, give siteet ood: es	'		Table			0	N A FARM?
NAME OF					225 North	1				
(Type or print)	E11	en .	Younger		Roche:	4. DATE OF DEATH	July	9	Doy	Year 19 60
. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	☐ B. D	ATE OF BIRTH		9. AGE (In years last birthday)	Manths Do		NDER 24 HRS
Female	White	WIDOWE	DIVORCED		ov. 14,1908	3	51 yrs.	Months Do	ays Hour	Min.
a. USUAL OCCUPA	TION (Give kind of work rking life, even if retired)	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Slote	or foreign	country)	12. CITIZE	N OF WHA	T COUNTRY
	-Bookkeeper		Attorney		Washingto	n, D.	C.		U.S.A	
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN			77		
John J.	Younger				Minnie	Clav	ton North	1		
5. WAS DECEASED	EVER IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT		Addres		9/60	
Yes, no, of unknown)	(If yes, give war or dates a	if service)	578-18-905	9 117	illiam W. F	loche	225 N.	Jackson	0 2+	Inlin
LIS CAUSE OF D	EATH [Enler only one co	use per line	for (a), (b), and (c),]						INTERVAL BET	
	EATH WAS CAUSED BY:	ore per time	[1]		0	0	-		ONSET AND	DEATH
110	IMMEDIATE CAUSE (o)	Core	ma	my oce	un			in	med
- d	O . DUE TO			-						
Candilions, if		0]					215			
gave rise to imp	DILL TO									
couse last.		c)								
PART II. C			ONTRIBUTING TO DEATH	BUTNO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART 1	(o) 19. WA	S AUTOPSY
									YES T	FORMED?
200. EXTERNAL	CAUSE WAS	20b. DESCRIE	BE HOW INJURY OCCUR	RED. (Ente	er nature of injury in Fo	rt I or Post I	of item 18.)		1.20	1 110 25
PART II. C	CONTRIBUTING			, , ,						
		90r 20d	INJURY OCCURRED 20	e PLACE	OF INITIPY (Home for	m 1204 (Cit	u or town)	(Count) w)	(Stote)
20c. TIME OF IN	m.	Whil	le Not while	factory	, street, affice bldg., etc	201. (CII	y or 10 mil)	(Coom	777	(3:0:6)
			ark at wark							
21. I certify	that I took charg	e of the	remoins described	above	, held an Autop	sy 🔲, 1	nspection 🔼	Inquiry	4	ond in my
opinion deo	th resulted fram:	Noturol	causes L. Accid	lent 🔲	, Suicide ,	Homicide	. Undet	ermined mo	onner [
	17/		An n							
ACTUAL	64/n	M	13a,1		A.D. CHIEF MEDICAL E	XAMINER [DAT	E SIGNED
JIONATURE	and the same of th		1	9 1	ASSISTANT MEDIC	CAL EXAMINE	ER 🗍			
EXAMINER'S NAME (Type)	William D	. Boy	d M. D.		DEPUTY MEDICAL				7/	9/60
	TION, 226. DATE THERE		22c. NAME OF CEMETE	RY OR CI	REMATORY	22d. LOC/	TION (City, town,	er county)		lole)
REMOVAL (Spec	N 199 // 0		Columbia G	landa	ns Cem	Inl.	ington.	Vi	rginia	
Burial B. FUNERAL DATE	OR'S SIGNATURE 2	20	/ ADDRESS	arue		D BY REGIS		ISTRAR'S SIGN		
114	ac 14.12	form	2	D.	The second second					
Arlingtor	n Funeral Ho	me 390	Ol N. Fairfa			11'6	U Ch	Chur & TG	with	
		A:	rlington, Vi	rgin	1a					

OF IT MEDICAL EXAMINER'S CERTIFICATE OF DEATH a wood . 15 -Oin: in the distance was a distance of persons at the state of the Tilling M. Hayd L. ...

VS A15 (4) 15M 10/57

	8431	CERTIFIC	ATE OF DEATH			Reg. D	ist. No.	70(I)
PLACE OF DEATH O. COUNTY	St. Marys	MARYLAND	2. USUAL RESIDENCE (Whe	_	lived. If institution b. COUNTY		Mary	
RURAL ond give r	(If outside corporate limits, write learest town) nardtown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	iforr				
d. NAME OF HOSPI OR INSTITUTION St. M8	TAL (If not in hospital, give street rys Hospital	oddress)	d. STREET ADDRESS	ral				RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print)	Nellie	Middle Estelle	Sunderland	4. DATE OF DEATH	July		Doy 12	Yeor 160
female	6. COLOR OR RACE 7. MAR White WIDOW		B. DATE OF BIRTH 11/17/1891		P. AGE (In years last birthdoy) 68 yrs.	Months		INDER 24 HR
during most of wor	ON (Give kind of work done 10b. king life, even if retired) SEWITE	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole o		untry)	12. CI	TIZEN OF W	HAT COUNT
3. FATHER'S NAME	John W. Tuc	kar	14. MOTHER'S MAIDEN NA		ginia D	eV on	1132	
5. WAS DECEASED EV Yes. no. or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress	F	Md.
Conditions, if a gave rise to couse (o), stoting	mmediate (tylilenses	thrombosis	0			ONSET	10 you
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20b. DES		T NOT RELATED TO THE TERMIN			EN IN PAI	P	VAS AUTOPSY PERFORMED?
20c. TIME OF INJUI Hour o. m. p. m.	While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City	ar Iown)	(County)	(State
actual signature Physician's	Ad Paline	2Ω,, and that death	M.D. Lexingt	OM, from DORESS (Street On Page 1987)	eet, city or town, ark, Md	ind an t	he date s	
20. BURIAL, CREMATIC REMOVAL (Specify, Burial	Wm. H. Patri	22c. NAME OF CEMETERY C		22d. LOCATI	ON (City, town, on a lywood)			(Stote)
3. FUNERAL DIRECTOR	's signature' Robinson – Le	ADDRESS	24o. REC'D		AR 24b. REGIS	TRAR'S SI	GNATURE	

MAPYLAND STATE DEPARTMENT OF HEALTH PALTIMODE 10

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			STEVEN . THE
		THE PERSON NAMED IN	A CONTRACTOR OF THE SECOND
	baline		
Total delivered and action			
	AND RESIDENCE TO SERVICE		
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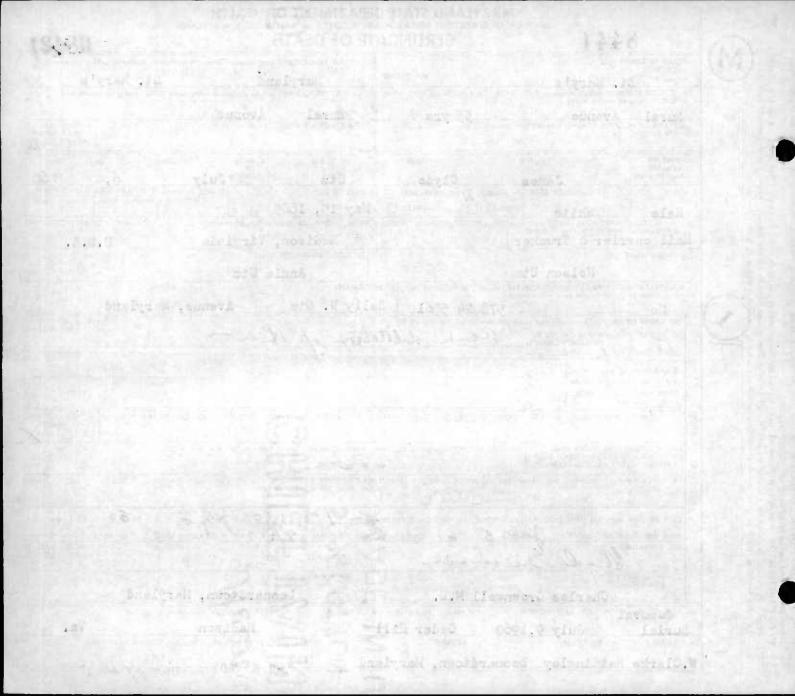
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

00194

01	TI	GERTITO		•	110441			
1. PLACE OF DEATH o. COUNTY		MARYLAND	o. STATE	b. COUN	utian: Residence befare admission)			
	Marys		Maryland St. Mary's					
b. CITY OR TOWN (RURAL and give n	lf outside carporote limits, wri earest town)	te c. LENGTH OF STAY IN 1b	c. CtTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Rural A	venue	1 33 yrs	Rural	Avenue	The presidence			
OR INSTITUTION	TAL (If not in haspital, give str	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF	First	Middle	Last	4. DATE N	lonth Day Yeor			
(Type or print)	James	Olvde	Utz	OF DEATH July	6. 1960			
S. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male		OWED DIVORCED	May 15, 1889	last birthdoy	Months Days Hours Min.			
10a. USUAL OCCUPATION	ON (Give kind of work done)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Mail carri	er & Trucker			, Virginia	U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Nelson Utz		Anni	ie Utz				
		16. SOCIAL SECURITY NO. 17.	NFORMANT	A	ddress			
No.	(If yes, give war or dates of service)	578 24 5561 S	ally W. Utz	Avenue,	Maryland			
	ATH [Enter anly one cause po	er line far (o), (b), and (c).]		; /	INTERVAL BETWEEN			
4-3 L	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	acute dilit	ation of l	fear	ONSET AND DEATH			
Conditions, if o	ny which a							
gove rise to i	mmediate (D)							
lying couse lost.	the under-							
) (c)	ALC COLUMNIA TO TO DESTRUCT		AND A SECOND STREET	OUT IN DARK IN TORSE			
OTTO	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	I NOT KELATED TO THE TERM	MINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
ZOG. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY HOUR a.m., p. m.	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Port II of item 1B.)				
NO TIME OF INJUS	RY Month, Doy, Year 20	d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, far	m, 20f. (City ar tawn)	(County) (Stote)			
Hour a.m. p.m.	W		octory, street, office bldg., et	tc.)				
21. I certify the	at (1) (this haspital) att	ended the deceased fram,	Jan 12 11	960, to July 6	19 60 , that (I) (we) last			
saw the decea	sed alive an	1 5 1960, and that	death accurred at	M, from the causes	and an the date stated above.			
220. SIGNATURE	10 0 %				22b. DATE SIGNED			
6	breda Bree	muell	M.D. ATTENDING	MED. STAFF PHYS.	3101450			
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS					
NAME (Type)	Charles Green	well M.D.	Le	onardtown, Ma	ryland			
23a. BURAMO SAATIO	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, tow				
Burial	July 9,196	O Cedar Hill		Madison	Va.			
24, FUNERAL DIRECTOR		ADDRESS	25a. REC	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE			
W. Clarke Me	ttingley Leo	nardtown, Maryle	and DATE					
THE PERSON AND AND		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		B '60 C	111 0 11			

TO HOSP VR A15 (4) 15M 9/59



FOR STATE HEALTH DEPT. TO DE. It MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pege 4 should be forwarded to the Chief Medical Examiner's Office along with form PM2. Page 5 may be retained for your filement TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Filements 1 and 2 with the State Board of Heath or its designated agent, prior to burial, cremation, or removel, and in any event with 72 hours after death. VS. A15ME 5M 7/59

RUF Ma

5.

10a. don Av 13.

15. (Yas

MEDICAL CERTIFICATION

22e.

P.B. Robinson - Leonardtown, Md.

Division of	STATISTICAL	RESEARC	AND STATE H AND RECORD EXAMINER'		ON STREET		ORE 1, M	ARYLANI	
LACE OF DEATH				2. USUAL RESIDE	NCE (Whare de	caased livad, If	institution: Res	idence belora	edmission)
and a	int Mary's		MARYLAND	a. STATE	aryland	b. COUN		nt Mary	de
CITY OR TOWN (in write RURAL end	f outside corporate limit give neerast town) Market, Md		LENGTH OF STAY IN 18	U.S. 1	(If outside corp Naval Ai		RURAL end g	rive nearest to	wn)
	AL OR INSTITUTION (ii	44	al, give straat addrass)	d. STREET ADDRES					A FARM?
TYTERIU SU	ate Highway	/ #7			ent Rive			-	NO K
DECEASED Type or print)		chell	Wayne	WARD	4. DATE OF DEATH	Month		Day Yes	60
SEX			NEVER MARRIED	B. DATE OF BIRTH	9.	. AGE (In years			R 24 HRS.
Male	Caucasian	WIDOWED		14 April 1	9/0	last birthday) 20 yrs.	Months Da	ys Hours	Min.
USUAL OCCUPATION	ON (Give kind of work	10b. KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Ste	te or foreign cou		12. CITIZE	N OF WHAT	COUNTRY?
iation El	rking life, even If retired		S. Navy	North Ca:	roling		1	JSA	
FATHER'S NAME	.500		100 1100	14. MOTHER'S MAIDE				JOR_	
rchie Lec	n WARD			Ruth (n	CORE				
WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO. 17.	INFORMANT	7 401	Address			
les 10-1-	yasgive werordales of se	-60 240	-64-1318 II	.S. Official	Norm Po	a forman			
	EATH Enter only one			.D. CITTCIAT	May He	corus	-3	INTERVAL BE	
	WAS CAUSED BY:	FR	ACTURED SKUT	II.				Immed:	_
811	DUE TO								TG 00_
Conditions, if en	The same of the sa						33.014		
gave rise to immedia	ete cause								
(a), steting the un									
Causa last.	SIGNIFICANT CONDIT	IONS CONTRI	BUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION CIV	EN INI DART 1/	-\! 10 WAS	ALITOREY
		TOTAS COTATA	BOTHES TO DEATH BOTT	TOT RELATED TO THE TERM	WINAT DISEASE	CONDITION GIV	EN IN PART I		ORMED?
No		25500005	HOLL BURN CANIES	15		14 40 1		YES	NO X
20a. EXTERNAL CA PRIMARY TO or COI CAUSE OF DEATH.	NITRIBITINIC CT			e Automobile			by on-	-coming	truck
20c. TIME OF INJUI	RY Month, Dey, Yaa			LACE OF INJURY (Home, fe		or town)	(County	')	(Stete)
1:15 xx	7-11 1960	O et work	Not While Rt.	5, 1 mile So	New N	larket.	St. Mar	wis. M	d.
				held an Autopsy .		-44	-	and in my	
	rom: Natural ca		-	icide , Homicide		determined m	Print.		
	1	2 0		^ _	L EXAMINER				
ACTUAL SIGNATURE	14/1	1)	1 base	M.D.	EDICAL EXAMIN			7-11-6	
EXAMINER'S	WM. D. BOY	D			AL EXAMINER				
	N, 22b. DATE THEREC		c. NAME OF CEMETERY		22d. LOCAT	iON (City, town	, or country)	(Sta	ta)
REMOVAL (Spacify)	7/12/60				Tohen	C1+17	Nonth	Caro	line
FUNERAL DIRECTOR			ADDRESS	24e. R	EC'D BY REGISTR	City,	ISTRAR'S SIGN	NATURE	11110

DATE JUL 1 9 '60

arthur S. Kraus

08422		CATHANA AND A	
sterio decad	bar lytal		glorial union
	petraja eti Leval .2. I	Lyr.	. H. A. Low Molec, H.
	. Se ta vie snaparat		the company of unit from cost of
00/01 24	year of the own	La Chillianna	feds#12
	IN April 2940 to		nakenous olisi
	articus săr	inali . 3. U	.oni3 molfelys /
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